

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-87)						SERIAL NO.	FILING DATE	
						APPLICANT/ST		
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61	
2		/					62	
3		/					63	
4		/					64	
5							65	
6		/					66	
7		/					67	
8		/					68	
9		/					69	
10		/					70	
11		/					71	
12		/					72	
13		/					73	
14							74	
15							75	
16							76	
17							77	
18							78	
19							79	
20							80	
21							81	
22							82	
23							83	
24							84	
25							85	
26							86	
27							87	
28							88	
29							89	
30							90	
31							91	
32	/						92	
33							93	
34							94	
35							95	
36							96	
37							97	
38		/					98	
39		/					99	
40		/					100	
41		/					TOTAL IND.	3
42		/					TOTAL DEP.	58
43		/					TOTAL DEP.	61
44		/					TOTAL IND.	12725
45		/					TOTAL DEP.	15535
46		/					TOTAL DEP.	12225
47		/					TOTAL IND.	12225
48		/					TOTAL DEP.	12225
49							TOTAL IND.	12225
50							TOTAL DEP.	12225
TOTAL IND.							TOTAL IND.	12225
TOTAL DEP.							TOTAL DEP.	12225
TPATL.							TPATL.	12225
TPATR.							TPATR.	12225
TPATC.							TPATC.	12225